



FIRE DEPARTMENT

FIRE PREVENTION BUREAU

Derek L. Hughes, Fire Chief
David Petersen, Deputy Fire Chief Len DeJoria, Fire Prevention Officer

Inspectors Check List Underground Storage Tank Installation

ADDRESS: _____

BUSINESS: _____

#1) INSTALLATION AND LOCATION INSPECTION: _____ Date _____ Inspector

_____ 6" minimum depth pea gravel bedding

_____ Dead men installed

_____ Flotation Calculations submitted in lieu of deadmen _____ Approved by/date

_____ Distance to property line or wall of any basement (3 feet minimum)

_____ Distance between tanks, shell to shell (1 foot minimum)

SIZE	UL#	MFG.	TYPE OF TANK	LOCATION (N/S/CTR)
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1.

2.

3.

4.

5.

_____ Tank shipped under vacuum _____ Vacuum gauge reading after installation (3-5psi), or

_____ Tank shipped under pressure _____ Pressure gauge reading after installation

_____ Pressure/vacuum held (30 minutes minimum)

Leak Detection System: _____

Corrosion Protection Method: _____

#2) PRODUCT LINE INSPECTION: _____ Date _____ Inspector\

SYSTEM TYPE: _____ Pressure, or _____ Suction

PIPING MATERIAL:

_____ Fiberglass _____ Double Wall, or

____ Flexible Piping _____ Brand Name _____ Double Wall

PIPING CONNECTIONS:

____ Flexible Connectors where piping connects to tank

____ Flexible Connectors where piping ends at pump island(s)

____ Flexible Connectors where piping ends at vent riser(s)

PRODUCT LINE TEST:

____ hydrostatic _____ PSI for _____ minutes (minimum 150% of max operating pressure)

____ no visible leaks

____ pneumatic _____ PSI for 10 minutes (minimum 110% of max operating pressure)

____ soap test on all joints

#3) TANK COVER INSPECTION: _____ Date _____ Inspector

____ 3 feet of earth, or

____ 8" of asphaltic concrete, or

____ 18" of earth with 6" of reinforced concrete, or

____ reinforced concrete (#4 rebar on 12" centers minimum)

#4) FINAL INSPECTION: _____ Date _____ Inspector

OVERFILL PREVENTION FOR TANKS:

____ audible and visual alarm at 90% full, or

____ automatic shut-off at 95% full, or

____ reduced flow rate and automatic shut-off device

EMERGENCY SHUT-OFF SWITCH:

____ Located within 100 feet of, but not nearer than 25 feet to any dispenser

____ Signage clearly indicating location of switch to read "EMERGENCY FUEL SHUTDOWN DEVICE"

VENT PIPE(S):

____ Not less than 1-1/4 inch nominal inside diameter

____ 5 feet from building opening /property line

____ 8 feet above fill pipe opening

____ 12 feet above adjacent ground level

DISPENSER ISLANDS:

Dispenser Make and Model: _____

Nozzle Make and Model: _____

Hold Open Devices: _____ Allowed _____ Not Allowed

____ Leak Containment under each dispenser (sump box)

____ Impact Valve mounted flush with top of the surface upon which the dispenser is mounted

____ Vapor Recovery Shear Joint mounted flush with top surface or dispenser mount

____ Dispenser island elevated at least 6 inches, or

____ Dispenser island protected by bollards (4" concrete filled on 4' centers minimum), or

____ Dispenser island protected by other approved method (attach description to form)

____ Attendant/Cashier has clear vision of all dispenser islands

____ Dispensers located at least 10' from property lines or any building less than 1 hour

____ Nozzle, with hose fully extended, does not reach within 5' of any building opening

____ No smoking signs

____ Shut off Motor While fueling signs

- ____ No filling of Unapproved Containers signs
- ____ Fire Extinguisher(s) of minimum **2-A,20-B:C** located not more than 75' from any pump, dispenser, or fill-pipe opening

COMMUNICATIONS:

- ____ Intercom system operational, allowing two-way communication from each island to the attendant
- ____ Telephone working to dial 911 (without coin required) in case of emergency

SAFETY RULES:

- ____ Owner notified annual tests required of all leak-detecting devices, with results maintained on premises
 - ____ Owner notified accurate daily inventory records shall be maintained and kept on premises
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STORAGE AND USE PERMIT ISSUED:

NO: _____

DATE: _____

INSPECTOR: _____